

**EXHIBIT B**

## Appendix E

### Standard Consent Form for X-Rays and/or Pregnancy Tests

#### Administered by an X-Ray and/or Medical Facility

I, the undersigned, hereby consent, as necessary, to x-ray examination of my body by a medical facility and/or an X-ray facility designated by the United States Customs and Border Protection. If female, I further consent to a pregnancy test prior to undergoing any X-ray examination. I consent to the results of any said examination(s), pregnancy test(s), and related records, including any medical records, being given to officials of the United States Customs and Border Protection. I hereby release the facility and its personnel performing said examinations/tests and any officials of the United States Customs and Border Protection directing that said examinations/tests be carried out, from any liability arising out of the performance of said examinations/tests. I understand that I have the right to refuse such consent and acknowledge that my consent is freely given and is not the result of any threats, coercion, or other intimidation.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Gender (circle one):    Male    Female

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Badge: \_\_\_\_\_